

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

94 a  
CB

03809

Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County..... Dorchester  
City or town..... Secretary  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 1 day  
Hospital, institution, or street address where death occurred:  
at Webster's Wharf  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... N.Y. County..... Long Island  
City or town..... Hampton Bay  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... ☒

### 3. (a) FULL NAME

Louis Abey

### 3. (b) Social Security Number

4. Sex..... male 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... Married  
6.(b) Name of husband or wife..... Jarvis Abey  
7. Birth date of deceased (mo., day, yr.)..... 1909  
6.(c) If alive, give age..... years  
8. AGE: Years..... 39 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace..... 24th St. N.Y.C. (Town, county and state)  
10. Usual occupation..... Crane Operator  
11. Industry or business..... Hauling Produce  
12. Name..... Samuel Abey  
13. Birthplace..... 7th St. N.Y.C.

14. Maiden name..... Berta Supina  
15. Birthplace..... East N.Y.

16. Informant..... Secretary  
Address.....

17. Burial, cremation, or removal, Which?..... Burial Date thereof..... 4/26/48  
(month) (day) (year)  
Cemetery or crematory..... Cemetery

Location..... East New Market Md  
18. Funeral director..... F.R. Wilburghy  
Address..... East New Market

19. April 25 48 Elizabeth C. Smith  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 23 1948, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
X X 19..... to..... X X 19.....  
and that I last saw h..... alive on..... X X 19.....

Immediate cause of death.....  
Coronary Occlusion

DURATION  
3 hrs.

Due to..... X X

Due to..... X X

Other conditions..... X X

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Dr. R. Shivers, Dep. Med. Exam.  
M. D. or other

Address..... Cambridge, Md. Date signed..... Apr. 23/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 29 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

03810

Reg. Dist. No. 112

### 1. PLACE OF DEATH:

County Dorchester  
City or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Near Reid's Grove  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Reid's Grove  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Bertha J. Anderson

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife James Anderson 6.(c) If alive, give age — years  
7. Birth date of deceased (mo., day, yr.) March 10, 1878  
8. AGE: Years 70 Months 0 Days 28 If less than one day  
hrs. min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)  
10. Usual occupation Housework  
11. Industry or business Home

FATHER 12. Name John T. Henry  
13. Birthplace Dorchester County, Maryland  
MOTHER 14. Maiden name Annie E. Ball  
15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Milla Baltimore  
Address Vienna, Maryland, R.F.D.

17. Burial Date thereof April 13, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Vienna Cemetery  
Location Vienna, Maryland

18. Funeral director J. J. Thompson and Son  
Address Federalburg, Maryland

19. April 13, 1948 Elizabeth H. Grogan  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1948 at 12:40 P.M.  
21. CERTIFY that death occurred on the date above stated; that I attended deceased from February 1, 1948 to April 8, 1948  
and that I last saw h. ep alive on April 8, 1948  
Immediate cause of death Coronary occlusion DURATION 1/2 hour  
Due to Chronic Myocarditis 1 yr +  
Due to General arteriosclerosis 1 yr +  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE W. C. Harrison MD M. D. or other  
Surlock, Md Date signed 4/13/48  
Address

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1948

BUREAU V. S.

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Norchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Norchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Brohawn ave.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war no

## 3. (a) FULL NAME

Leo J. Annie

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Cecil Jones Anderson

7. Birth date of deceased (mo., day, yr.) Feb 21-1918 6. (c) If alive, give age 37 years

8. AGE: Years 37 Months 2 Days 3 If less than 60 day hrs. min.

9. Birthplace Cambridge, R.I.  
 (Town, county and state)

10. Usual occupation Grocery store operator

11. Industry or business

12. Name John J. Annie

13. Birthplace Worcester, Mass.

14. Maiden name Elissa Stoker

15. Birthplace Switz.

16. Informant Mr. Cecil Annie

Address Brohawn ave.

17. Burial Date thereof Apr 27-1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market

Location East New Market, Md

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md

19. 4-26-48 19 48 John Mauer, md  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 3 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Disease of Coronary Arteries

Due to heart

Due to suddenly

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. K. Shriver, Dof Med Exam.  
 M. D. or other

Address Cambridge, Md Date signed Apr 25/48

**RECEIVED**

APR 27 1948

**BUREAU V. S.**

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03812

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... Dorchester  
 City or town... Church Creek R. D. 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? entire life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State... Maryland County... Dorchester  
 City or town... Church Creek R. D. 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sarah Elizabeth Brittingham

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Geo. W. Brittingham

## 6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

Jan 31 - 1861

## 8. AGE:

87216

## If less than one day

hrs.min.

## 9. Birthplace

Golden Thel, Md.

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

John R. Riggins

## FATHER

## 12. Name

John R. Riggins

## 13. Birthplace

Hamlet, Broham

## MOTHER

## 14. Maiden name

Dor Co.

## 15. Birthplace

## 16. Informant

Nelson Brittingham

## Address

Church Creek, Md.

## 17.

(Burial, cremation, or removal) Which?

Burial

## Date thereof

4 - 29 - 48

## Cemetery

Stargis M.E. Churchyard

## Location

Golden Thel, Md.

## 18. Funeral director

Kenneth R. Shuman

## Address

Cambridge, Md.

## 19.

(Date rec'd by registrar)

4 - 29 - 48John Macpherson

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 27 - 1948 at 10:45 A

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_, at \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

## Immediate cause of death

Chronic Myocarditis

## DURATION

8-10 yrs

## Due to

Atherosclerosis8-10 yrs

## Due to

Other conditions Chronic Arthritis10-15 yrs

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

John H. Shuman - Dep. Med. Exam.

M. D. or other

Address Cambridge - Md. Date signed Apr. 28/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03813

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 yearsHospital, institution, or street address where death occurred:  
Rowin St

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Robins Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

4. Sex Male5. Color or race Cal6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Ethel Canfield6.(c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) May 11 18948. AGE: Years 53 Months 10 Days 11 If less than one day

hrs. min.

9. Birthplace Cambridge Md  
(Town, county and state)10. Usual occupation Lab11. Industry or business man12. Name Edward Canfield13. Birthplace Md14. Maiden name Annal Dixon15. Birthplace Md16. Informant Mullian CanfieldAddress Cambridge Md17. (Burial, cremation, or removal. Which?) Burial Date thereof April 13 48  
(month) (day) (year)Cemetery or crematory CambridgeLocation Cambridge Md18. Funeral director Lewis H. HayneAddress Cambridge Md19. 4-13-48 John M. Hayne Registrar  
(Date rec'd by registrar)

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1948 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1948 to April 11 1948and that I last saw him alive on April 11 1948Immediate cause of death Lobar Pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE John M. Hayne M. D. or otherAddress 300 Main Cambridge Date signed 4-13-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

**RECEIVED**

APR 1 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03814

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Hurlock - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 months  
 Hospital, institution, or street address where death occurred:  
Near Petersburg  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Seaton Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Lusie E. Collins

## 3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>Colored</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>	
6.(b) Name of husband or wife <u>Charles Richard Collins</u>			
7. Birth date of deceased (mo., day, yr.) <u>June 9, 1879</u>			
6.(c) If alive, give age <u>-</u> years			
8. AGE:	Years <u>68</u>	Months <u>9</u>	Days <u>24</u>
If less than one day .....hrs. ....min.			

9. Birthplace Hurlock, Dorchester County, Maryland  
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Samuel J. Boyce13. Birthplace Dorchester County, Maryland14. Maiden name Hariett Hubbard15. Birthplace Dorchester County, Maryland16. Informant Mrs. Lydia StanleyAddress Hurlock, Maryland, R.F.D.17. Burial Date thereof April 6, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Federal Hill CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Fraughton and SonAddress Federalburg, Maryland19. April 6 - 48 Registrar Charles W. Hastings  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1948 at 9:05 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1947 to April 3 1948 and that I last saw her alive on April 1 1948Immediate cause of death Starvation DURATION 2 weeksDue to Refusal to eat 2 weeksDue to Psychosis with cerebral 1 yr. +Other conditions asthma, emphysemaOther conditions senility

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

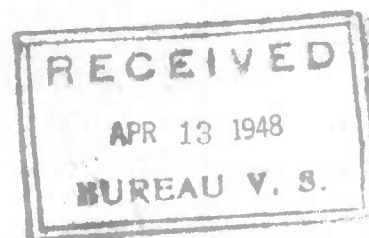
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23. SIGNATURE W. C. Harrison MD M. D. or otherHurlock Md. Date signed 4/5/48

Address.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

03815

1. PLACE OF DEATH: Dorchester  
 County.....  
East NewMarket  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
1 day  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Holliness Church, East NewMarket  
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
Maryland County Dorchester  
Hurlock  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. X  
 (If rural, give LOCATION)  
No  
 2(a) If veteran, name war.....

3. (a) FULL NAME  
Edward Allen Conway

3. (b) Social Security Number  
218-20-4677

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Rosa Lilly Stacy  
 6. (c) If alive, give age 23 years  
 7. Birth date of deceased (mo., day, yr.) Sept. 8, 1926  
 8. AGE: Years 21 Months 6 Days 29 If less than one day  
 .....hrs. ....min.

9. Birthplace Dorchester Co. Md.  
 (Town, county, and state)  
Laborer  
 10. Usual occupation  
General  
 11. Industry or business  
 FATHER 12. Name Percy Hopkins  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Hattie E. Conway  
 15. Birthplace Maryland

16. Informant Rosa Lilly Conway  
 Address Hurlock, Md.  
 17. Burial Date thereof April 12, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
Thompsontown Cemetery  
 Cemetery or crematory  
Near East New Market, Md.  
 Location  
J. J. Frampton and Son  
 18. Funeral director  
 Address Federalburg, Maryland

19. April 12, 1948 Elizabeth C. Smith  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1948 at 9-45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
X X ..... 19..... to X X ..... 19.....  
 and that I last saw him ..... alive on X X ..... 19.....

Immediate cause of death Hemoptysis DURATION 1 hr.

Due to Tuberculosis, Pulmonary 4 mo.

Due to Pneumonia about 4 mos. ago

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

Ja. H. Shivers, Dep. Med. Exam.  
 23. SIGNATURE M. D. or other  
Cambridge, Md. Apr. 8/48

Address..... Date signed.....

RECEIVED

APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03816

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County..... Dorchester  
 City or town..... rural near Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... one month, one day  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution?..... one month, one day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester  
 City or town..... Rhodesdale  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

James Martin Corkran

## 3. (b) Social Security Number

none

4. Sex..... male 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... married  
 6.(b) Name of husband or wife..... Bertie Hastings  
 6.(c) If alive, give age..... 69 years  
 7. Birth date of deceased (mo., day, yr.)..... June 6, 1877  
 8. AGE: Years..... 70 Months..... 10 Days..... 11 It less than one day..... hrs. .... min.

9. Birthplace..... Brookview, Dorchester County, Md.  
 (Town, county, and state)

10. Usual occupation..... State Road Inspector

## 11. Industry or business

12. Name..... John Corkran  
 13. Birthplace..... Caroline County, Maryland  
 14. Maiden name..... Mary Elizabeth Rhodes  
 15. Birthplace..... Dorchester County, Maryland

16. Informant..... Eastern Shore State Hospital records  
 Address..... Cambridge, Maryland

17. Burial Date thereof..... April 19, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory..... Eldorado Cemetery  
 Location..... Eldorado, Maryland

18. Funeral director..... J. J. Framptom and Son  
 Address..... Federalburg, Maryland

19. 4-19- 19 48 John Martin Corkran  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 17 19 48 at 8:00 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 17 19 48 to April 17 19 48  
 and that I last saw him alive on April 15 19 48

Immediate cause of death.....  
Arteriosclerosis

DURATION  
4 yrs.

Due to.....

Due to.....

Other conditions..... Psychosis with cerebral  
arteriosclerosis  
 (Include pregnancy within 3 months of death) 4 yrs.

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Robert Bertrand May, M.D.

23. SIGNATURE..... Robert Bertrand May, M.D.  
Eastern Shore State Hospital  
Cambridge, Maryland  
 Address..... Date signed..... 4-17-48

RECEIVED

APR 23 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

03817

93d

### 1. PLACE OF DEATH:

County Dorchester  
City or town Rural-Fishing Creek  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 42 Years  
Hospital, institution, or street address where death occurred:  
Home-Fishing Creek  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Rural-Fishing Creek  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Fishing Creek  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Susie Agnes Wilson Creighton

### 3. (b) Social Security Number

- - - - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife William H. Creighton  
(Died 3/4/1943) 6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) Sept. 22, 1871  
8. AGE: Years 76 Months 6 Days 24 If less than one day  
hrs. min.

9. Birthplace Golden Hill, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George A. Wilson

13. Birthplace Maryland

14. Maiden name Elizabeth Phillips

15. Birthplace Maryland

16. Informant Mrs. Helen F. Adams

Address Fishing Creek, Maryland

17. Burial Date thereof April 19, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's Cemetery

Location Golden Hill, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. Apr. 17 19 48 James W. Meade  
(Date rec'd by registrar) Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1948 at 4:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 12 19 48 to Apr. 16 19 48  
and that I last saw him alive on Apr. 16 19 48

Immediate cause of death Chronic myocarditis 10 yrs

Due to Serious (principal cause)

Due to

Other conditions decompensation x-ray

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meade M.D.  
M. D. or other

Address Fishing Creek, Md. Date signed 4/17/48

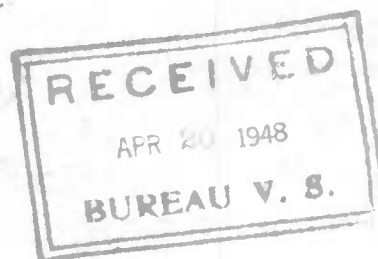
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS AL15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

03818

830

### 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
81 Washington St.

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 81 Washington Street  
(If rural, give LOCATION)

2.(a) If veteran, name war.

### 3. (a) FULL NAME

Emma Ennals

### 3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife Arthur Ennals

6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 30 1894

8. AGE: Years 53 Months 8 Days 25 If less than one day  
.....hrs. ....min.

9. Birthplace Linkwood  
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business none

12. Name John Hollis

13. Birthplace Maryland

14. Maiden name Harriet Jones

15. Birthplace Maryland

16. Informant Maggie Ennals

Address Cambridge

17. Bethel Date thereof April 29, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge

19. Funeral director Leah H. Bannerman

Address 201 Washington

19. 4-29 19 48 John Ennals  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 48 at 6:45a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 19 48, to April 26 19 48

and that I last saw her alive on April 25 19 48

Immediate cause of death Cerebral hemorrhage

Due to Essential hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Edwin F. Fawcett M. D. or other

Address Cambridge, Md. Date signed 4-28-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

65819  
336

## 1. PLACE OF DEATH:

County..... Worcester  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 22 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Worcester  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 121 West End Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Berdy Johnson Evans

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

L. Raymond Evans

## 7. Birth date of deceased (mo., day, yr.)

June 2 - 1889

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

581017

hrs.

min.

## 9. Birthplace

Lakesville

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER

## 12. Name

Samuel T. Johnson

## 13. Birthplace

Nor Co.

MOTHER

## 14. Maiden name

Ida J. Wooten

## 15. Birthplace

Nor Co.

## 16. Informant

## Address

L. Raymond Evans  
Cambridge, Md.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

Apr 21 - 1948

## Cemetery or crematory

East New Market

## Location

East New Market, Md.

## 18. Funeral director

## Address

Kenneth R. Thomas  
Cambridge, Md

## 19.

(Date rec'd by registrar)

4-21-1948John Mace, Md

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 19 1948 at 9:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/191948to 4/191948and that I last saw her alive on 4/19 1948

Immediate cause of death

LEFT CEREBRALHEMORRHAGE

DURATION

4 hrsDue to..... ESSENTIAL HYPERTENSION

Due to.....

Other conditions ALLERGIC ECZEMA -  
CHRONIC PANCREATITIS  
(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following NO

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Mace

M. D. or other

Date signed

4/20/48

RECEIVED

APR 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 03820 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs., 2 mo., 13 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 7 yrs., 2 mo., 13 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty WorcesterCity or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war. ....

## 3. (a) FULL NAME

Millard Fillmore Fisher

## 3. (b) Social Security Number

unknown

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife unknown

7. Birth date of deceased (mo., day, yr.)

October 1856 (date unknown)

6. (c) If alive, give age ..... years

8. AGE:

Years

Months

Days

If less than one day

915?

hrs.

min.

9. Birthplace Washington, D.C.

(Town, county, and state)

10. Usual occupation Optometrist

11. Industry or business

FATHER

12. Name James Fisher13. Birthplace Tilghman's Island, Md.

MOTHER

14. Maiden name Margaret Elizabeth Crier15. Birthplace Maryland16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. BurialDate thereof 4-7-1948

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. April 7-1948

(Date read by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 48, at 1:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 23 19 41, to April 5 19 48and that I last saw him alive on April 5 19 48

Immediate cause of death

Arteriosclerotic cardiovascular disease

DURATION

4 yrs.

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Date of .....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE

Grace M. Branscombe, M.D. M. D. or otherAddress E.S.S.H. Cambridge, Md.Date signed 4/5/48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03821

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester Co  
 County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all her life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? 14 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Kay Frances FASTER

3. (b) Social Security Number

4. Sex female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan 9 1936 6. (c) If alive, give age years

8. AGE: Years 12 Months 3 Days hrs. min.

9. Birthplace Taylor Island School girl  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Edward FASTER

13. Birthplace Cambridge Md

14. Maiden name Maria D FASTER

15. Birthplace Cambridge Md

16. Informant Willa FASTER

Address 206 Pine St Cambridge

17. Bethel Date thereof April 11 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cenelity

Location Cambridge Md

18. Funeral director Levin H. Bannum

Address 201 Washington

19. 4-10-48 John Maceps MD  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1948 at 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1948 to April 8 1948 and that I last saw him alive on April 7 1948

Immediate cause of death Tetanus DURATION 3 days

Due to pus from wound at foot DURATION 12 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury injured at work?

23. SIGNATURE W. Thompson MD M. D. or other

Address Cambridge Md Date signed April 8 1948

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 12 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

03822

94a

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 55 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 5 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 135 Mill St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Gertrude Johnson Harrington

## 3. (b) Social Security Number

- - -

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Gov. Emerson C. Harrington(Died 12/15/1945)

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 12, 1874

## 8. AGE:

Years

Months

Days

If less than one day

73826

hrs.

min.

9. Birthplace Golden Hill, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name William T. Johnson13. Birthplace Maryland14. Maiden name Mariah Woodland15. Birthplace Maryland16. Informant Mr. Emerson C. Harrington, Jr.Address Cambridge, Maryland17. Burial Date thereon April 10, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 4-10- 19 48 John M. ...

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1948 at 5:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

14 FEB19 47to 8 APRIL19 48and that I last saw ER alive on 8 APRIL19 48Immediate cause of death CORONARYTHROMBOSIS

DURATION

Due to

Due to

Other conditions

HYPERTENSION  
CORONARY SCLEROSIS

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. ...Address 105 Church St.  
CAMBRIDGE MD.

M. D. or other

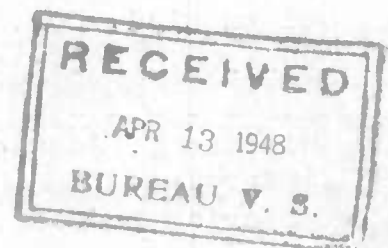
Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

03823

Evidence for change of

age shown on:

FMA No. G 11 MAY 11 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 115

## 1. PLACE OF DEATH:

County DORCHESTERCity or town CAMBRIDGE  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 Hours

Hospital, institution, or street address where death occurred:

CAMBRIDGE MARYLAND HOSPITAL

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland County DorchesterCity or town Williamsburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) Is veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

MARY STANLEY HUGHES

## 3. (b) Social Security Number

## 4. Sex

FEMALE

## 5. Color or race

BLACK

## 6. (a) Single, married, widowed, or divorced

MARRIED

## 6. (b) Name of husband or wife

Guy HUGHES

## 7. Birth date of

deceased (mo., day, yr.)

OCTOBER 7, 19016. (c) If alive, give age 53 years

## 8. AGE:

Years

Months

Days

If less than one day

46 #7622

hrs.

min.

## 9. Birthplace

GOLDEN HILL MARYLAND  
(Town, county, and state)

## 10. Usual occupation

LABORER.

## 11. Industry or business

FATHER

## 12. Name

WILLIAM STANLEY

## 13. Birthplace

LAKEVILLE, MD.

MOTHER

## 14. Maiden name

MARY CORNISH

## 15. Birthplace

TAYLORS ISLAND MD

## 16. Informant

CATHERINE ROWLEY

## Address

CAMBRIDGE MD

## 17. Burial

BURIAL

Date thereof

MAY 2 1948  
(month) (day) (year)

(Burial, cremation, or removal, Which?)

## Cemetery or crematory

GOLDEN HILL.

## Location

CHURCH CREEK MD.

## 18. Funeral director

LEWIS H. BAYNEUM.

## Address

CAMBRIDGE MD

## 19.

May 2, 1948  
(Date received by registrar)John M. M. M.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948, at \_\_\_\_\_ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28, 1948 to April 29, 1948 and that I last saw him in coma 4/29 1948

## Immediate cause of death

Cerebral Hemorrhage 12 hours

## DURATION

## Due to

arteriosclerosis

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

None

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

John M. M. M.  
Address Cambridge Md Date signed 5/1/48

**RECEIVED**

MAY 7 1948

**BUREAU V. S.**

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03824

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

423 Hughlett St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 423 Hughlett St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Dwight L. Hurley

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Adella Gray Todd7. Birth date of deceased (mo., day, yr.) April 8, 1878 8. (c) If alive, give age years8. AGE: Years 69 Months 11 Days 23 If less than one day hrs. min.9. Birthplace Drawbridge, Dor. Co., Maryland.  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Retired12. Name Joshua Hurley13. Birthplace Maryland14. Maiden name Martha (Hurley)15. Birthplace Maryland16. Informant Mr. Joshua HurleyAddress Cambridge, Maryland17. Burial April 4, 1948  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. April 4, 1948 John D. [unclear]  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1948 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 4/1 to 4/1 1948Immediate cause of death Cornary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?23. SIGNATURE John D. [unclear]Address Cambridge Md.

Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 6 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury Avenue  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1209 Camden Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William T. Layfield

## 3. (b) Social Security Number

unknown

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Lula Taylor

6. (c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.)

October 12 1879

## 8. AGE:

Years

Months

Days

If less than one day

7062

hrs.

min.

9. Birthplace Green Hill Wicomico Cy Md.

(Town, county, and state)

10. Usual occupation Shipping clerk

## 11. Industry or business

## FATHER

## 12. Name

William T. Layfield

## 13. Birthplace

Wicomico County Maryland

## MOTHER

## 14. Maiden name

Mary Taylor

## 15. Birthplace

Wicomico County Maryland16. Informant Hospital Records

## Address

Cambridge, Maryland17. Burial  
(Burial, cremation, or removal, Which?)

Date thereof

April 14 - 48  
(month) (day) (year)

## Cemetery or crematory

Parsons Cemetery

## Location

Salisbury, Md.

## 18. Funeral director

Wilbur Funeral Home

## Address

1209 Princess Anne, Md.19. 4-14- 19 48  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 19 48 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 4 19 48 to April 14 19 48and that I last saw him alive on April 14 19 48

Immediate cause of death

DURATION

more thanCerebral Arteriosclerosis2 yrs.

Due to

Due to

Other conditions Chronic MyocarditisPsychosis with Cerebral Arteriosclerosis 2 mos.  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Grace M. Brascombe M.D. M. D. or other

Address

Cambridge Md.

Date signed

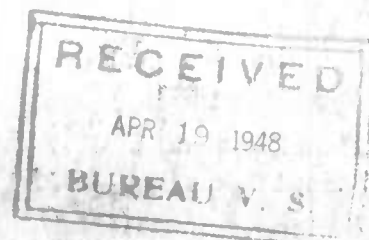
4/14/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County DorchesterCity or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Fannie Maria Lee

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 27th 1880

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 67 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace MD  
(Town, county, and state)10. Usual occupation House work

11. Industry or business

12. Name George W. Thomas13. Birthplace MD14. Maiden name Lou A. Stouley15. Birthplace MD16. Informant Emma LeeAddress East New Market17. Cemetery Date thereof Apr 7 1948  
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or cremation CemeteryLocation Thompson's Grove18. Funeral director F. B. WilloughbyAddress East New Market19. April 6 19 48 Elizabeth C. Smith  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town E New Market  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. #2  
(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 19 48, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 30, 19 47, to Apr 3, 19 48and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_Immediate cause of death Cerebral hemorrhage DURATION 2 daysDue to HypertensionDue to arteriosclerotic A.D.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings and operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lawrence Mangano

M. D. or other

Address Cambridge, Md. Date signed 4/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 13 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03827

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write full name and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. (Burial, cremation, or removal. Which?)

Date thereof.....

(Month) (Day) (Year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)

19. 48

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

19. 48

at

3 40 P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 5

19. 48

to

April 5

19. 48

and that I last saw him alive on

5 April

19. 48

Immediate cause of death.....

Myocardial

Failure

(Known)

DURATION

1 yr ?

Due to.....

Arteriosclerotic Nephritis

Due to.....

Myocardial Infarction

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

none

Date of op.....

Autopsy results.....

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

J. H. Hunsicker

M. D. or other

Address.....

136 Rice Street

Date signed.....

4-6-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 18 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03828

Reg. Dist. No. 115

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Golden Hill  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Home-Golden Hill

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Golden Hill  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Golden Hill  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Francis May Mills

## 3.(b) Social Security Number

- - - -

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Oct. 15, 1941

6.(c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

6524

hrs. min.

9. Birthplace Cambridge, Maryland  
 (Town, county, and state)

## 10. Usual occupation

- - -

## 11. Industry or business

- - -

## MOTHER

12. Name J. Wilson Mills13. Birthplace Maryland14. Maiden name Margaret Todd15. Birthplace Maryland16. Informant Mr. J. Wilson MillsAddress Golden Hill, Maryland

17. Burial Date thereof April 18, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Todd Family CemeteryLocation Toddville, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland

19. (Date used by registrar)

April 11, 1948James W. MeadeCOA

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1948 at 6:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2, 1948 to April 9, 1948  
 and that I last saw him alive on April 9, 1948

Immediate cause of death

Broncho-Pneumonia

DURATION

9 days

Due to

Secondary to rupture of aorta

Due to

Other conditions

Paralyzed and epileptic since  
age 6 months  
 (Include pregnancy within 3 months of death)

Major findings of operations

noneDate of op. XAutopsy results h.s.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of X

Where did injury occur? X (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) X

Means of injury

Injured at work? X

23. SIGNATURE

James W. Meade M.D.  
207 Belvedere Ave  
Cambridge, Md.

M. D. or other

Address Cambridge, Md. Date signed April 10, 1948

RECEIVED

APR 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 110

## 1. PLACE OF DEATH

County KnoxCity or town Secrestown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mary R. Murphy

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed or divorced

Married

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

Sept 11 1877

8. AGE:

Years

Months

Days

If less than one day

707hrs.min.

9. Birthplace

MD

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

19. Funeral director

Address

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County NECCity or town Secrestown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948 at 7:15 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1948 to April 23 1948and that I last saw her alive on April 23 1948Immediate cause of death Hypertensive  
Arteriosclerotic Heart Disease

DURATION

107 daysDue to Generalized Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE

M. D. or other

Address Presb. Church Date signed 4/27/48

RECEIVED

MAY 8 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

## 1. PLACE OF DEATH:

County NorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 63 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Laura E. Robbins

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Samuel W. Robbins

## 7. Birth date of deceased (mo., day, yr.)

July 4 - 1859

## 6. (c) If alive, give age

years

## 8. AGE:

Years 88Months 9Days 10If less than one day  
hrs. min.

## 9. Birthplace

Cambridge R.I.D.  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER

## 12. Name

George H. Thomas

## 13. Birthplace

Nor Co. Md.

MOTHER

## 14. Maiden name

Adeline Seward

## 15. Birthplace

Nor Co Md.

## 16. Informant

Mrs Wm. L. Dean Sr.

## Address

Cambridge Md

## 17. (Burial, cremation, or removal. Which?)

Burial Date thereof April 16 48  
(month) (day) (year)

## Cemetery or crematorium

Cambridge, Md.

## Location

Kenneth R. Thomas

## 18. Funeral director

## Address

Cambridge, Md

## 19.

4-16-48 19 48  
(Date rec'd by registrar)John Dean Jr. MD  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

## State

Maryland

## County

Norchester

## City or town

Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

## Street No.

106 Bay St.  
(If rural, give LOCATION)

## 2. (a) If veteran, name war

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Apr 14 48 19 48 at 3:45 A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3:45 - 19 48 19 48 to 4:14 19 48

## and that I last saw him

alive on 4/14 19 48

## Immediate cause of death

Prognosis Smith Orthopedic

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

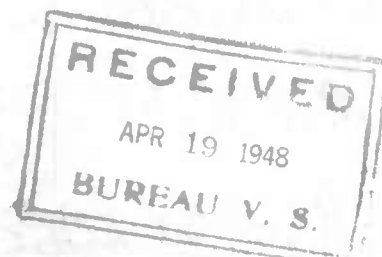
## Injured at work?

## 23. SIGNATURE

Ken Smith  
Cambridge Md

## M. D. or other

Date signed 4/18-19 48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03831

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all life

Hospital, institution, or street address where death occurred:

Cambridge HospitalHow long in hospital or institution? One day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 303 M. St.  
(If rural, give LOCATION)2. (a) If veteran, name war no

## 3. (a) FULL NAME

Carroll M. St. Clair M.D.

## 3. (b) Social Security Number

no4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Kathryn St. Clair7. Birth date of deceased (mo., day, yr.) Yes 6. (c) If alive, give age 43 yearsNov. 12, 18988. AGE: Years 49 Months 4 Days - If less than one day hrs. - min.9. Birthplace Cambridge, Md.  
(Town, county, and state)10. Usual occupation Doctor11. Industry or business Doctor12. Name Edward St. Clair13. Birthplace Cambridge, Md.14. Maiden name Mary E. Deming15. Birthplace Cambridge, Md.16. Informant Mrs. Kathryn St. ClairAddress Cambridge, Md.17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Apr. 6, 1948  
(month) (day) (year)Cemetery or crematory ArbutusLocation Baltimore, Md.18. Funeral director James StewartAddress Sabersburg, Md.19. April 11, 1948 Registrar John M. M. M.

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1948 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 26, 1948 to April 1, 1948and that I last saw him alive on April 1, 1948Immediate cause of death Coronary ThrombosessenileDue to Coronary insufficiencyDue to 1 yr.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Thompson M.D. M. D. or otherAddress Cambridge, Md. Date signed April 7, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 8 1948  
BUREAU T. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

03832

1310

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 16 YearsHospital, institution, or street address where death occurred:  
RFD # 3How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 3  
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

George Howard Spedden

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Annie Margareit Spedden  
6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) Oct. 17, 18768. AGE: Years 71 Months 6 Days 5 If less than one day  
hrs. min.9. Birthplace RFD # 3, Cambridge, Dor. Co., Md  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Dirt12. Name John Dixon Spedden13. Birthplace Maryland14. Maiden name Annie Applegarth15. Birthplace Maryland16. Informant Mrs. Annie M. SpeddenAddress Cambridge, RFD # 3, Maryland17. Burial April 24, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Speddens CemeteryLocation James, Dor. Co., Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. April 24 - 19 48  
(Date rec'd by registrar) Registrar John Mace

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 19 48 at 2 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
1/13/47 19 to 4/22/48 19and that I last saw h. in alive on 4/19/48 19Immediate cause of death Myocardial failureDURATION  
UnknownDue to Cerebral hemorrhage, uremia UnknownDue to Arterio sclerotic Nephritis UnknownOther conditions Arterio sclerotic heart disease

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. - - - - -Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of - - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryland, M.D. M. D. or otherAddress 136 Race Street Date signed 4/23/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

APR 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*J. Thompson*  
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132  
CERTIFICATE OF DEATH

03833

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No. R. 7. D.  
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Morris Stafford

3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (a) Single, married, widowed, or divorced infant

6. (b) Name of husband or wife

May 4 / 48 6. (c) If alive, give age Apr or May 1947 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 11 Months 11 Days 11 If less than one day hrs. min.

9. Birthplace Cambridge Md  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Morris Stafford

13. Birthplace Siners Road, Md.

14. Maiden name Francis Road

15. Birthplace Cambridge Md

16. Informant Francis Road

Address Siners Road Md

17. Burial Date there April 13 / 48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery Siners Road

Location Siners Road, Md.

18. Funeral director Lewis & Baymen

Address Cambridge, Md.

19. 4-13-48 John Maupin Md Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1948 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1948 to April 10 1948

and that I last saw him alive on April 10 1948

Immediate cause of death Meningitis, T.B. in

type DURATION 4 weeks

Due to T.B. in lower lobe ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Thompson M.D.

Address Cambridge Md Date signed April 13, 48

RECEIVED

APR 15 1948

BUREAU V. 8.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

03834

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

30 Years

Hospital, institution, or street address where death occurred:

209 Choptank Ave.

How long in hospital or institution?

- - - - -

## 3. (a) FULL NAME

Peter H. Todd

## 3. (b) Social Security Number

- - - - -

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bertha G. Parks

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

Sept. 29, 1975

8. AGE:

Years

Months

Days

If less than one day

72

7

0

hrs.

min.

9. Birthplace Hollands Island, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Seafood12. Name John Todd13. Birthplace Dorchester County, Md.14. Maiden name Mary Parks15. Birthplace Dorchester County, Md.16. Informant Mrs. Bertha P. ToddAddress Cambridge, Maryland.

17. Burial

Date thereof May 2, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. May 2, 1948 John M. ...  
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 209 Choptank Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

- - - - -

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948 at 3:40 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

12/16 1947 to 4/29 1948and that I last saw him 17 alive on 4/29 1948

Immediate cause of death

Carcinomatous

DURATION

Due to Adenocarcinoma  
Stomach

Due to

Other conditions

Large Rt. inguinal  
Hernia

(Include pregnancy within 3 months of death)

Major findings of operations

Widespread Adenocarcinoma  
StomachDate of op. 2-12-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. ...  
Address Cambridge Md Date signed 4/1/48

M. D. mother

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

MAY 7 1948

**BUREAU V. S.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03835

## CERTIFICATE OF DEATH

Reg. Dist. No. 115

## 1. PLACE OF DEATH:

County DorchesterCity or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 month

Hospital, institution, or street address where death occurred:

died at home

How long in hospital or institution?

## 3. (a) FULL NAME

Mable May Travers

TRAVERS

## 3. (b) Social Security Number

220-12-1392

## 4. Sex

female

## 5. Color or race

Cal

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Herbert Travers

TRAVERS

## 7. Birth date of deceased (mo., day, yr.)

Mar 24

## 6. (c) If alive, give age

45 years

## 8. AGE:

Years

23

Months

1

Days

0

If less than one day

hrs. min.

## 9. Birthplace

Golden Hill

(Town, county, and state)

## 10. Usual occupation

Labr

## 11. Industry or business

none

## 12. Name

Dorchester

## 13. Birthplace

mainland

## 14. Maiden name

flayrd milkus

## 15. Birthplace

golden Hill

## 16. Informant

flayrd milkus

## Address

1649 aynell ave

## 17. meeknick

meeknick

## Date thereof

29 apr

## (Burial, cremation, or removal. Which?)

meeknick

## (month) (day) (year)

1948

## Cemetery or crematory

golden Hill

## Location

Levish H. B. Arner

## 18. Funeral director

Canterbury Md

## Address

April 26

19. (Date rec'd by registrar)

1948

James W. Mease

LOCAL Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)Street No. near Paul Handley Store  
(If rural, give LOCATION)

## 2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 17 1948, to April 24 1948and that I last saw him alive on April 23 1948

## Immediate cause of death

Intermittent of lungs

## DURATION

6 mos.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

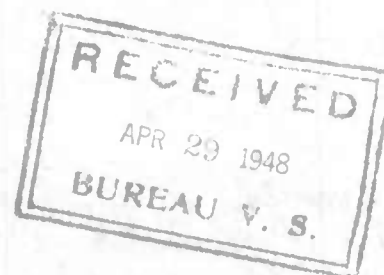
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Mease M. D. or otherAddress Cambridge, Md Date signed 4/25/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

03836

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Crocheron

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Home-Crocheron

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Crocheron

(If outside city or town limits, write RURAL and give nearest town)

Street No. Crocheron

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Bessie E. Walter

## 3.(b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Theodore E. Walter

## 7. Birth date of

deceased (mo., day, yr.)

Feb. 24, 19146.(c) If alive, give age 37 years

## 8. AGE:

Years

34

Months

1

Days

14

If less than one day

hrs.

min.

## 9. Birthplace

Crapo, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER

## 12. Name

William Bradford

## 13. Birthplace

Maryland

MOTHER

## 14. Maiden name

Ida Willey

## 15. Birthplace

Maryland

## 16. Informant

Mr. Theodore Walter

## Address

Crocheron, Dor. Co., Md.

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

April 10, 1948

(month) (day) (year)

## Cemetery or crematory

Ebenezer Church Cemetery

## Location

Crapo, Dor. Co., Md.

## 18. Funeral director

LeCompte's Funeral Service

## Address

Cambridge, Maryland.

## 19.

(Date rec'd by registrar)

19

4-10-48

19

John M. M. M.

19

48

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John M. M. M.

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John M. M. M.

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John M. M. M.

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John M. M. M.

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John M. M. M.

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John M. M. M.

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John M. M. M.

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John M. M. M.

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John M. M. M.

19

48

19

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1948 at 5:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-22-48 to 3-22-48and that I last saw him/her alive on 3-22-48Immediate cause of death Uremia

DURATION

UnknownDue to Glomerulo Nephritis, AcuteUnknownDue to Arteriosclerotic NephritisUnknownOther conditions Arteriosclerotic Heart DiseaseUnknown

(Include pregnancy within 3 months of death)

Major findings of operations No Operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanov, M.D.

M.D. or other

Address 136 Race Street, Cambridge, Md. Date signed 4-10-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

03837

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 34 yrs., 4 mo., 9 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 34 years, 4 mo., 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Walter Dawson Warner

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) 1873 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Philadelphia, Pa.  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name unknown

13. Birthplace \_\_\_\_\_

14. Maiden name unknown

15. Birthplace \_\_\_\_\_

16. Informant Eastern Shore State HospitalAddress Cambridge, Maryland

17. BURIAL Date thereof 4/23/1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory EASTERN SHORE HOSPITALLocation CAMBRIDGE, MD.18. Funeral director LE COMPTE'S FUNERAL SERAddress CAMBRIDGE, MD

19. 4-23-48 John Grace Jr  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1948 at 3:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1941 to April 21 1948  
 and that I last saw him alive on April 21 1948

Immediate cause of death Myocardial degeneration

Due to senility

Due to \_\_\_\_\_

Other conditions dementia praecox

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Grace M. Branscombe

Grace M. Branscombe, M.D. M. D. or other  
 Address E.S.S.H., Cambridge, Md. Date signed 4/21/48

RECEIVED

APR 27 1948

RECEIVED

APR 27 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

546

03838

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
113 Phillips Ave.How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 113 Phillips Ave.  
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Patricia Gay Webster

## 3. (b) Social Security Number

- - - - -

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single6.(b) Name of husband or wife - - - - -7. Birth date of deceased (mo., day, yr.) Oct. 14, 19456.(c) If alive, give age - - - - - years8. AGE: Years 2 Months 4 Days 27  
If less than one day - - - - - hrs. - min.9. Birthplace Cambridge, Maryland  
(Town, county, and state)10. Usual occupation - - - - -11. Industry or business - - - - -12. Name Leonard G. Webster13. Birthplace Maryland14. Maiden name Mary Mace Brohawn15. Birthplace Maryland16. Informant Mr. Leonard G. WebsterAddress Cambridge, Maryland17. Burial Date thereon April 13, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 4-15-48 19 48 John Mace, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1948 at 3:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/11/48 to 4/11/48  
and that I last saw him 4/11/48 alive on 4/11/48Immediate cause of death Myocardial infarction  
of coronary gland

DURATION

Due to - - - - -Due to - - - - -Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations Myocardial infarction  
of coronary gland Date of op. 3/11/48Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - - Injured at work? - - - - -23. SIGNATURE John Mace, M.D.Address Cambridge, Md. Date signed 4/12/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 56 B Douglas St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

### 3.(a) FULL NAME

Adam, J. Wilton

### 3.(b) Social Security Number

4. Sex male 5. Color or race col 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Mary Wilton  
 6.(c) If alive, give age Dead

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 Months Days It less than one day  
Approx. hrs. min.

9. Birthplace Beck with md  
 (town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Josiah Wilton

13. Birthplace Beck with md

14. Maiden name don't know

15. Birthplace

16. Informant George Wilton, son

Address Cambridge, md.

17. Burial, cremation, or removal. Which? Burial Date thereon April 6 / 48  
 (month) (day) (year)

Cemetery or crematory Cemetery, Waucho Chapel

Location Cambridge, md.

18. Funeral director Lewis H. Bouquain

Address Cambridge, md.

19. Am. 6 19 48 John H. H. H. H.  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1948 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to April 2, 1948  
 and that I last saw him alive on April 1, 1948

Immediate cause of death Congestive Heart Failure  
+ pneumonia

Due to arteriosclerosis C.V.D.

Due to arterio sclerosis  
generalized

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Thompson M.D.  
 M. D. or other

Address Cambridge, md. Date signed Apr 6 '48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03840

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 yrs., 7 mos., 13 days  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? 2 yrs., 7 mos., 13 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 105 Church Street  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Walter Edward Wynkoop

### 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Rebecca Lee Blades

6. (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) February 15, 1916

8. AGE: Years 32 Months 2 Days 1 If less than one day hrs. min.

9. Birthplace Vienna, Maryland  
(Town, county, and state)

10. Usual occupation laborer

### 11. Industry or business

12. Name William Kay Wynkoop

13. Birthplace Wicomico County, Md.

14. Maiden name Sadie Blanche Davenport

15. Birthplace Vienna, Maryland

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof 4-18-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or place of interment Wynkoop Memorial Park

Location Cambridge, Md.

18. Funeral director Reverend R. Shoups

Address Cambridge, Md.

19. 4-18-48 19 48 John M. ...  
(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 48 at 2:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 19 45, to April 16 19 48

and that I last saw him alive on April 16 19 48

Immediate cause of death

Bronchopneumonia

Due to

General Paresis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D.

Address E.S.S.H. Cambridge, Md. Date signed 4/16/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1948

BUREAU V. S.